

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Maunaloa (DDDH)	CHAPTER 89
Address: 24 Hoalua Street, Mounaloa, HI 96770	Inspection Date: October 17, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> Resident #1 – The following medications were not re-evaluated and signed every three months for this inspection period:</p> <ul style="list-style-type: none"> • “Lorazepam 1mg tab 1 tab BID” re-evaluated 9/28/18. No signed re-evaluation until 4/31/19, a period of 7 months, and not again until 10/10/19 a period of 6 months. • “Olanzapine 5mg 1 tab QD PM” re-evaluated 9/28/18. No signed re-evaluation until 5/29/19, a period of 8 months. • “SF 5000 plus 1.1%. apply to teeth 3-5 minutes while in shower once daily” re-evaluated 9/28/18. No signed re-evaluation until 4/31/19, a period of 7 months, and not again until 10/10/19 a period of 6 months. • “Ketoconazole 2% cream apply 2 times a day to affected areas under abdomen” re-valuation 9/28/18. No signed re-evaluation until 4/11/19, a period of about 6 months. • “Add Nystatin” listed on 9/28/18 signed re-evaluation med list with no further instruction. On 4/15/19 Physician ordered “Nyamyc 100000 unit/gm external powder. Apply to rash 2-3 times daily after bathing and drying well. Unclear if 4/15/19 is re-evaluation of 9/28/18 order or new order. If a re-evaluation, then period is 7 months. <p>Continued on next page...</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Refer to attached</i></p>	<p>12/16/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>Continued from previous page...</p> <ul style="list-style-type: none"> • "Alclomethasone 0.05% apply sparingly BID to affected areas on face" re-evaluated on 9/28/18. No signed re-evaluation until discontinued on 7/31/19, a period of 10 months. • "Aug Betamethasone dipropionate 0.05% ext lotion apply thin film two times a day to the affected areas on the scalp as needed" ordered on 11/6/18. No signed re-evaluation until discontinued on 7/31/19, a period of 8 months. • "Aug Betamethasone 0.05% ointment apply sparingly BID to affected area on body, arms, legs" re-evaluated on 9/24/18. No signed re-evaluation until discontinued on 7/31/19, a period of 10 months. • "Ketoconazole 2% cream apply topically two times per day to the affected areas under the abdomen as directed + underarm and groin area" ordered 10/8/18. No signed re-evaluation until 4/11/19, a period of 6 months. Also, no current signed re-evaluation available for review during inspection, a period of 6 months. • "Alprozolam 2mg oral tab disintegrating take 1 tab PO every 12 hours PRN agitation and severe disruptive behavior" re-evaluated 5/29/19. No current signed re-evaluation available for review during inspection, a period of 5 months. • "HM Arthritis pain relief 650mg 1 tab by mouth every 6 hours as needed for pain" ordered 4/25/19. No current signed re-evaluation available for review during inspection, a period of 6 months. • "Clobetasol 0.05% ointment apply thin film BID to affected areas as needed" re-evaluated 9/28/18. No signed re-evaluation until discontinued on 7/31/19, a period of 10 months. 		

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 –</p> <ul style="list-style-type: none"> • “Acid Reducer 150mg oral tab 1 tab twice a day for stomach acid reduction ordered 2/13/19. Not on current medication administration record (MAR), no discontinue order available for review. • Desitin 13% ext crm apply thin layer to irritated perianal skin PRN ordered on 5/23/19. Not on current medication administration record (MAR), no discontinue order available for review. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Refer to attached</i></p>	<p>12/11/19</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> Resident #1, #2, & #3 – No documentation of initial tuberculosis exam (2-step) available for review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Refer to attached</i></p>	<p>10/31/19</p> <p>28</p> <p>28</p> <p>85 53 11 10 61</p>

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Licensee's/Administrator's Signature: Valerie Sly

Print Name: Valerie Sly

Date: 12/16/19

EXPIRATION DATE 01/15

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Arc of Maui County
Hale Maunaloa
Plan of Correction
December 2019

Annual Inspection: 10/17/19

• **Rule (Criteria)**

11-89-14 Resident health and safety standards (e)(6)

Medications:

Corrective Action Part 1:

In review of this issue, physician's orders were reviewed for each medication in question for Resident #1. The following determinations were made:

- Physician's 90-day orders were signed and available for inspection during the periods in question for the following medications: Lorazepam 1mg tab, Olanzapine 5mg tab, SF 5000 plus 1.1%, Ketoconazole 2% cream, Alclomethasone 0.05%, Aug Betamethasone dipropionate 0.05% lotion, Aug Betamethasone 0.05% ointment, Ketoconazole 2% cream and Clobetasol 0.05% ointment (see attachments #1 & #2).
- It was confirmed that Nystatin powder is the same medication as Nyamyc 100000. This was included in the signed 90-day physician's orders (see attachments #1, #2 & #3).
- Alclomethasone 0.05%, Aug Betamethasone dipropionate 0.05% ext lotion and Aug Betamethasone 0.05% ointment, and Clobetasol 0.05% ointment for Resident #1, were officially discontinued by physician at medical appointment on 12/11/19 for Resident #1 (see attachment #4).
- PRN medications Alprazolam 2mg tab and HM Arthritis pain relief (for Acetaminophen) for Resident #1 were not administered during the period in question. These PRN medications were listed on the medication record for the previous quarter and are included in the current 90-day physician's orders (see attachment #5). However, they were not included in the 90-day physician's orders for the period in question. This was an oversight by the Resident Manager who failed to transfer these medications to the order form and, therefore, did not have an order for these medications for that timeframe. Following in-depth discussion with management and staff, fortunately it was determined that there was no indication of need to receive either of these PRN medications.
- To correct this issue, the PRN medications in question for Resident #1 are now correctly listed on the medication record and are reflected in the current 90-day physician's orders.

Effective Date: 12/16/19


Valerie Sly

12/16/19
Date

- **Rule (Criteria)**

11-89-14 Resident health and safety standards (e)(6)

Medications:

Corrective Action Future Plan Part 2:

To prevent recurrence, the Resident Manager was retrained by the agency RN to cross-reference physician's orders and medication records to ensure accuracy and ensure the physician receives all the needed information for review.

To monitor this corrective action, the agency RN will do monthly reviews of the physician's orders, the medication records and the medications on hand, with the Resident Manager at the beginning of each month for a period of 3 months, then quarterly for a period of 6 months. The Resident Manager will continue this review at the beginning of each month going forward.

Effective Date: 12/16/19



Valerie Sly

12/16/19

Date

- **Rule (Criteria)**

11-89-14 Resident health and safety standards (e)(12)

Medications:

Corrective Action Future Plan Part 2:

To prevent recurrence, the Resident Manager was retrained by the agency RN to review all documentation from medical providers very thoroughly and cross-reference the information against the medication record and the physician's orders to ensure accuracy. The staff was retrained by the Resident Manager on the importance of bringing the appointment form to the resident appointments, ensuring all needed documentation is included on the form, then submitting the form and communicating the information to the Resident Manager immediately following the appointment.

To monitor this corrective action, the Resident Manager will do a monthly review at the beginning of each month of all documentation from medical providers for the previous month and cross-reference that information against the medication record, the physician's orders and medications on hand, to ensure accuracy. In addition, the Resident Manager will document needed information on the appointment form, review the information with staff prior to medical appointments and ensure staff brings the form to each medical appointment. Staff will then be instructed to document pertinent information obtained from the provider, ensure the provider documents their instructions and staff returns the form and communicates needed information. Staff who fail to follow these instructions on a consistent basis may receive disciplinary action since this has been an ongoing issue.

Effective Date: 12/16/19


Valerie Sly

12/16/19
Date

- **Rule (Criteria)**

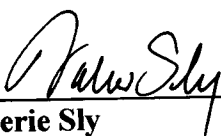
11-89-18 Records and reports (a)(2)

Corrective Action Part 1:

Resident #1 did not have a current TB due to a recent hospitalization. Resident #2 and #3 had current TB's. Initial TB documentation upon admission was not in the resident charts. In review of this issue, it was identified that the Resident Manager inadvertently purged the initial TB documentation out of the client charts for the residents in question and the documents could not be located. Efforts to obtain the information by contacting the resident's physicians and the Department of Health, where the TB tests are administered, was unsuccessful.

To correct this issue, 2-step TB's were administered for Resident's #1, #2 and #3 and documentation obtained (see attachments #7, #8, #9). All documentation is now located in the resident charts.

Effective Date: 10/31/19



Valerie Sly

12/16/19
Date

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- **Rule (Criteria)**

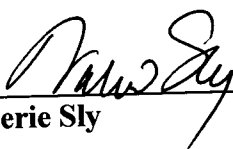
11-89-18 Records and reports (a)(2)

Corrective Action Future Plan Part 2:

To prevent recurrence, the Resident Manager was retrained by the Program Director to maintain initial TB documentation in the resident's chart and have it available for the inspector's review. The Resident Manager was retrained on the agency Record Maintenance Policy and Procedure which lists the required documents to be maintained in the resident's chart. This list includes the TB clearance which is part of the admission documentation.

To monitor this corrective action, each time a new resident is admitted, the Program Director will review with the Resident Manager the documents included in the new resident's chart to ensure the chart has the required documentation. In addition, since purging of documents typically occurs following inspection, the Resident's Service Supervisor, will review purged documents to ensure none of the documents are required to remain in the resident's chart.

Effective Date: 12/16/19



Valerie Sly

12/16/19

Date

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- **Rule (Criteria)**

11-89-18 Records and reports (e)(5)

General rules regarding records

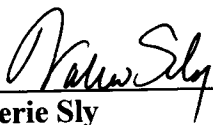
Corrective Action Part 1:

In review of this issue, the Aug Betamethasone dipropionate 0.05% external lotion and the Clobetasol 0.05% ointment for Resident #1 were discontinued prior to hospitalization. They were listed on the hospital discharge summary, however, since the instructions were to "take as before hospital stay", staff continued not to administer since they were already discontinued. It is unclear why the medication was included in the discharge summary. However, the Resident Manager could have contacted the hospital for further clarification to be certain.

Regarding the Aspirin 81mg low strength for Resident #1, discharge orders were not followed, and the Aspirin was not administered as prescribed. Following hospitalization, the Resident Manager contacted the hospital and spoke to the hospital Social Worker. She asked if Acetaminophen could be administered in place of the low-dose Aspirin and the Social Worker gave a verbal ok. The Aspirin was never obtained.

To correct these issues, Resident #1 was brought to his physician. The physician formally discontinued the Aug Betamethasone dipropionate 0.05% external lotion and the Clobetasol 0.05% ointment. The physician was informed regarding the resident not receiving the Aspirin as ordered. The physician did not recommend continuing an Aspirin regimen (see attachment #4).

Effective Date: 12/11/19



Valerie Sly Date 12/16/19

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Page 7

- **Rule (Criteria)**

11-89-18 Records and reports (e)(5)


General rules regarding records

Corrective Action Future Plan Part 2:

To prevent recurrence, the Resident Manager was retrained by the agency RN to review all discharge documentation thoroughly following hospital discharges. Verbal approval from a hospital Social Worker regarding medications is not acceptable and any medication changes and/or orders requires physician's orders in writing. Suggestions or questions regarding medications can be directed to the agency RN.

To monitor this corrective action, the Resident Manager is now required to inform the agency RN regarding hospital admissions and discharges for residents. The discharge instructions will be faxed to the agency RN for review as soon as they are obtained and discussed with the Resident Manager to ensure important discharge instructions are followed.

Effective Date: 12/16/19



Valerie Sly

12/16/19

Date